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ABSTRACT

This report examines focus-group recommendations addressing the issues in California's Hispanic health education. It reveals a perceived need to increase the political clout and organization of Hispanics, expand public education campaigns, and increase the access of Hispanics to affordable health care through legislative reform. In addition, the report suggests that policymakers need to give the health needs of all youth equal, if not greater, priority than other age groups and to develop youth-specific reform legislation and age-appropriate policies. The following recommendations are examined: (1) health, education, and social services need to be integrated--schools cannot do it alone; (2) schools need to educate and encourage parents to be involved in their children's preventive and regular medical care; (3) the role and skills of teachers in terms of health education need to be clarified and nurtured; (4) the diversity of ethnicity and acculturation among Hispanic subgroups must be considered in all health education efforts; and (5) information on Hispanic health and Hispanic health education needs to be generated and disseminated, especially to policymakers. (GLR)

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AN AGENDA FOR ACTION

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CRISIS IN HISPANIC HEALTH

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The Southwest Regional Laboratory (SWRL), in collaboration with the National Health/Education Consortium, recently hosted a focus group to address Hispanic health issues. Held at SWRL's headquarters in Los Alamitos, CA, the session naturally focused on the particular concerns of the state's large Mexican American population. However, broader issues facing the entire Hispanic community also were discussed. The National Health/Education Consortium is pleased to join with SWRL in making this report of that day-long discussion available to consortium members and their memberships.

Michael Usdan, president
Institute for Educational Leadership

The state of children's health care is dismal. The bleak outlook cuts across all racial and ethnic groups, middle- and low-income classes. Hispanics, however, have the worst health and, not surprisingly, the worst access to health care.

Expected to become the largest minority group in the nation over the next 10 years, Hispanics contract serious diseases and serious complications of those diseases at a far greater rate than non-Hispanics. For example, Hispanics are three times as likely than non-Hispanics to develop diabetes; they are more likely to suffer from hypertension and tuberculosis; and they suffer certain cancers (e.g., of the cervix, stomach, pancreas) disproportionately. The rate at which Hispanics suffer tuberculosis is four times higher than the rate for other ethnic minorities, and they account for 21% of people in the United States with AIDS.

Large numbers of Hispanics do not have access to medical care. In February 1993, the American Medical Association (AMA) published startling statistics on health coverage for Hispanics. The study, conducted by researchers at the University of California, Los Angeles (UCLA), found that in 1989, 39% of Hispanics under 65 did not have health insurance. This rate—three times as high as that for noninsured Anglos and two times as high for noninsured African Americans—is on the rise. The rate for uninsured Mexican Americans skyrocketed as much as 150% during the last decade. The number of uninsured Central and South Americans in the United States rose by as much as 328% during the same period, according to the AMA study.

The UCLA researchers also analyzed the various strategies for health care reform being discussed in Washington, D.C., and concluded that a significant proportion of Hispanics may remain uninsured no matter what policy the President and Congress can agree on. Depending on which strategy would be implemented, the researchers concluded that 10-25% of Hispanics would remain uninsured.

Within this context, parents look to schools to address their children's health care needs. Schools are under tremendous strain as parents send their children to school ill or use the school nurse as their medical provider. School nurses, who may not dispense medicine (even aspirin) or perform even simple medical procedures (e.g., removing a splinter, taking a throat culture), are forced to perform the duties of a social worker while trying to get sick or injured students to authorized care providers. What's worse, crises in school finance have forced cutbacks in the number of school nurses. For example, in 1991, California had only 3,300 nurses for nearly 5 million students.

Some school districts have responded to this phenomenon by establishing school-based health clinics. Such fully staffed clinics can treat everything from injuries sustained on the playground to sore throats to sexually transmitted diseases. Clinic staff members also counsel teens about family planning and emotional disorders. A combination of public and private funds supports the clinics, which require students to obtain

parental consent before treatment. But funding shortages and a very outspoken opposition may hinder the development of more campus clinics.

This problem is not lost on the federal and state governments. Health care reform dominated the 1992 presidential election campaign and the first 100 days of President Bill Clinton's tenure. However, loyalists and critics alike think the president is not moving fast enough on one of the most critical issues challenging policymakers.

Showing impatience with Washington politics and fearing that the president's efforts will be stymied by Congress, state governments are taking health care reform into their own hands. States vary in their strategies to solve a critical policy problem—some tout preventive care; some favor insurance regulation; some push increased access, limited malpractice lawsuits, and controlled fee schedules. Florida, Oregon, Minnesota, and Vermont are among those states that have enacted some form of health care reform. Washington and Maryland also are enacting universal coverage and insurance reforms, respectively.

It's not clear, however, if such a piecemeal approach to health care reform will increase health coverage and access to medical services for the range of families who can't afford insurance, preventive care, or medical services. And if such reform efforts can't, those who will continue to suffer will be America's children.

Government officials understand how critical health care reform is to Hispanic youth. In early May, Surgeon General Antonia C. Novello proposed a national Hispanic health plan, calling for wider access, community-based care, increased research on Hispanic health issues, and recruitment to increase the numbers of Hispanics in medical careers.

Recognizing the importance of this issue, the Southwest Regional Laboratory (SWRL) and the National Health/Education Consortium (NH/EC) convened a panel of 14 experts in Hispanic health education and students to discuss Hispanic health education issues. Each panel member recognized the urgency of Hispanic health education. As Panel Member Rudy Castruita said: "It's sad, but it's true, that our educational system in California does not address health issues for Latinos. It breaks my heart to see youngsters who come to school with a tremendous desire to learn but are not healthy."

The panel, led by Arturo Madrid, recognized the need to increase the political clout and organization of Hispanics, expand public education campaigns, and to increase the access of Hispanics to affordable health care through legislative reform. The panel also suggested that policymakers need to give the health needs of all youth equal, if not greater, priority than other age groups. Moreover, to improve the health of our nation's youth, policymakers must develop youth-specific reform legislation and age-appropriate policies. That is, a one-size-fits-all approach to health care reform will not work.

Madrid raised an important consideration that should precede any discussion of health education and health care reform for Hispanics and all populations. Responding to a

It's sad, but it's true: Our educational system in California does not address health issues for Latinos.

Rudy Castruita, superintendent
Santa Ana Unified School District

We need to start thinking about how we deliver health education other than through curricular units in schools. Health education needs to be seen in much broader terms—working with parents, working with the media, working with peers, working with children and their peers, and working with the role models that children have today.

Arturo Madrid, president
Tomas Rivera Center

charge that comprehensive school health must be implemented concomitantly with bilingual education, Madrid argued that the fundamental meaning of health and the definition of being healthy need to be fleshed out:

> What I keep hearing is delivery of health education is a problem even if you have monolingual speakers. So it's not just the mode, it's not just the language of delivery. It has to do with the concept, the fundamental concept of why we should be healthy and what constitutes healthiness.

The panel came up with five broad policy recommendations specific to Hispanic health education:

1. Health, education, and social services need to be integrated; schools can't do it alone.
2. Schools need to educate and encourage parents to be involved in their children's preventive and regular medical care.
3. The role and skills of teachers in terms of health education need to be clarified and nurtured.
4. The diversity of ethnicity and acculturation among Hispanic subgroups must be considered in all health education efforts. For example, the health needs of Mexican Americans are different than those of Cubans and Puerto Ricans.
5. Information on Hispanic health and Hispanic health education needs to be generated and disseminated, especially to policymakers.

These recommendations are discussed on the following pages.

Recommendation: Integrate Services

The most important policy recommendation, and the buzz word in education today, is integrated services. Such a strategy involves schools, medical providers, social service organizations, businesses, and county and state government agencies to coordinate the array of social services offered to citizens in a given location.

Educators and health education experts acknowledge that schools alone cannot take the responsibility for the health and welfare of children, in addition to the tremendous responsibility of educating them. Whether rationalized or as a matter of default, however, schools have been forced into that very position. Madrid suggested, "There seems to be no issue about the fact that schools, like it or not, have to be engaged in the delivery of health care, as well as in trying to figure out how to figure health care education."

That being the case, Panel Member Jill English argued:

> In an ideal system, health education would be delivered in the setting of a comprehensive school health program. And that means you have to have a lot of resources, such as nurses and counselors, which we don't have anymore. We'd have to have a system that would address the child as a whole. We'd have policies that promote dealing with the child as a whole, as opposed to fragmented into separate issues such as HIV/AIDS, drugs, and teen pregnancy.

Castruita pleaded:

> Health education has to be more than just a mind set. It has to be part of the curriculum, it has to be part of what teachers do while interacting with kids. But we can't do it alone. The people at the county office and the health department have to be in partnership with us in the school districts.

Recommendation: Educate Parents

Efforts to integrate social services will fail unless Hispanic parents and families take advantage of their access to such services. The success of such an approach, then, hinges on educating parents, the panel's second recommendation.

Panel Member Cynthia Grennan discussed her district's efforts:

> One of the things we are doing is in the area of educating parents. We are holding classes in Spanish and in English. The topics covered include parenting and the need for access to agencies and facilities and people who provide needed services.

Many Hispanic parents and families fear government agencies, even schools, according to the panel members. "Most of the families that we deal with in the areas of health and schooling have a little trouble trusting us in the beginning," said Panel Member Gerry Glenn. "It takes a lot of work on our part to gain that trust."

Therefore, state- and local-level policymakers must allow for programs and regulations that mandate parental education and encourage parental involvement. For example, NH/EC launched a campaign for parents, "Help Me Learn, Help Me Grow," in December 1992. This information campaign helps teach parents the critical connection between their child's health and his/her ability to learn and what they can do to make a difference.

Recommendation: Prepare Teachers

Teachers will play an integral role in educating students *and* parents, thus, they become another focus of health education policy. Currently, teachers are not prepared to deal with integrated services or comprehensive school health curriculum. The panel recommended that teacher preparation in health education, not just bilingual education or language development, be a major policy reform.

Panel Member Adela De La Torre argued:

> Our teacher-preparation courses do not incorporate any of the dimensions that are relevant in terms of promoting health within our community. Teachers may have credentials as bilingual teachers, but they certainly don't have any credentials in terms of understanding how to promote healthy behavior. In other words, when we consider licensing or credentialling a bilingual teacher, they should have had a course dealing with health issues. That is something, again, that requires state policy.

> *It sounds like the condition of health education is as bad as the condition of the health of Latino children. And from what I'm hearing, there seems to be no issue about the fact that schools, like it or not, have to be engaged in delivery of health care as well as in trying to figure out how to figure health care education.*
>
> Arturo Madrid, president
> Tomas Rivera Center

English admonished that a blanket policy by the state won't improve teacher preparation. She called for regulation of teacher-related policies:

> There is a policy now that requires a preservice health education course for all teachers and it specifically must include drugs, nutrition, and CPR. But, it's taught very differently across the state; sometimes it's a 15-hour class, sometimes it's a semester, 3-hours-a-week class—it varies greatly. The culture issue is rarely brought in, and the different ways the course is taught across the state is very scary to me in terms of actually preparing teachers to deal with the health issues that their kids bring to their classrooms.

Recommendation: Consider Diversity

Panel Member Anthony Sancho highlighted the need for policies that account for the diversity among Hispanics:

> I think it's very important that when we look for ways to provide health education or health services we also develop a better understanding of the Latino/Hispanic population. We must take into account their degrees of acculturation, their social and economic status, skin colors, and lifestyle choices. Hispanic/Latinos are not a racial minority. We are an ethnic minority.

De La Torre elaborated on the point by illustrating the health differences among Hispanic subgroups:

> If you look at health status indicators and many of the illnesses associated with people of Mexican origin, you realize that there is variation between Puerto Rican, Mexican, and Cuban, and enormous variation in terms of use of services and the types of diseases. For example, diabetes is prevalent in the Mexican population, but in the Cuban population you have a different situation entirely.

However, Madrid, acknowledging the diversity of and within the Hispanic population, also recognized the similarities between the health education needs of Hispanics and of other students:

> We will constantly have to ask ourselves a question: What is unique here for the Latinos? In my sense, the health care problems of the Latino population are similar to that of any low-income population but perhaps made more acute by large barriers facing Latinos.

Recommendation: Disseminate Findings

Arguing that legislators respond to information, De La Torre keyed in on increasing information collection and dissemination efforts:

> The legislature is going to look at which groups have the most convincing information to make the case for additional funds to address their needs. In general, our data base about health conditions, in terms of health problems and health access, is dismal. We have very little

The legislature is going to look at which groups have the most convincing information to make the case for additional state funds to address their needs. And that, I think, is a dilemma of Latinos in general.

Adela De La Torre, chair
Chicano & Latino Studies
California State University,
Long Beach

information. But a lot of the agenda is going to be determined by those who provide the most convincing argument when scarce resources are involved.

De La Torre acknowledged that many of the current health care reform bills consider Hispanics only as an afterthought: "Reform is occurring independent of our input."

Panel Member Eunice Romero-Gwynn also recognized increased information generation as a key policy issue. Her argument centered on targeting research to specific Hispanic health issues so that the information generated is incisive:

> There are many health organizations in the United States conducting very extensive education campaigns to teach Hispanics not to eat lard. However, only 12% of the people I studied use lard. Do you see why I am so emphatic about recommending more research? We are assuming that Hispanics are consuming lard and all the cancer association education and all the heart association education are teaching people not to eat lard. They *are not* eating lard. Yet, we are continuing these health programs that don't make any sense.

Some Final Thoughts

Panel Member Liberato Mukul recognized the importance of involving all levels of government to improve the health and health education of Hispanic youth: "Latinos need a national and state agenda focusing on health access and services. If we don't get it on that macro scale, it's not going to come down to a micro scale at the school site."

Without the commitment of the local, state, and federal government as key partners, reform efforts will be futile. Decentralized, piecemeal solutions to the health care crisis in the Hispanic—or any—population will fail.

On the other hand, waiting for the state and federal governments to reconcile reform strategies and legislate ignores the urgency of all students' health and, consequently, their futures. As Castruita concluded:

> The gentleman over there talks about the need for a state and national agenda. God bless somebody who would do that. But I'm not going to wait for the state or federal government to say this is a priority or tell me how we're going to fund health access or services. I think that if we don't address the issue of having healthy kids in our school system, if we don't ensure that kids come to school healthy, we're not going to have a very good product.

> ***In an ideal system, health education would be delivered in the setting of a comprehensive school health program. And that means you have to have a lot of resources, such as nurses and counselors, which we don't have anymore. We'd have to have a system that would address the child as a whole. We'd have policies that promote dealing with the child as a whole, as opposed to fragmented into separate issues such as HIV/AIDS, drugs, and teen pregnancy.***
>
> Jill English, program director
> Southwest Regional Laboratory

PARTICIPANTS

Joyce Canham, chief of staff, Public Policy Division, AIDS Project Los Angeles (APLA), is formulating a comprehensive national strategy for Hispanic gays.

Rudy Castruita, superintendent, Santa Ana Unified School District, was selected as California's Superintendent of the Year, 1991.

Adela De La Torre, chair, Chicano and Latino Studies, California State University, Long Beach, conducts research in and teaches health economics and indigent health care issues pertaining to Latinos.

Jill English, program manager, Human Development, SWRL, has experience in health education and substance abuse prevention.

Gerry Glenn, principal, Katella High School, Anaheim, has been involved in the district's health curriculum since 1979.

Cynthia Grennan, superintendent, Anaheim Union High School District, was honored as California's Superintendent of the Year, 1989.

Erika Huerta, senior, Katella High School, has been in the United States since she was 12 and wants to be a social worker.

Arturo Madrid, president, Tomas Rivera Center, founded the Center, a national institute for Hispanic policy studies.

Liberato Mukul, doctoral student, California State University, Long Beach, was born in Mexico and hopes to work in preventive medicine in the Latino community.

Maria Pacho, academic counselor, California State University, Long Beach, researches in Latino health and community health outreach.

Eunice Romero-Gwynn, nutrition specialist, University of California, Davis, researches health and nutrition of Hispanics in California.

Anthony Sancho, associate director, SWRL's Southwest Center for Educational Equity, has 20 years experience in educational R&D.

Michael Usdan, president, Institute for Educational Leadership (IEL), is a national advocate for better integration of education and health issues.

Juan Valdespino, senior, Katella High School, was born in Mexico and plans to study computers.

This report was prepared by Diane Yoder, communications coordinator, SWRL.

ABOUT SWRL AND THE NATIONAL HEALTH/EDUCATION CONSORTIUM

The Southwest Regional Laboratory (SWRL) is a 27-year-old research and development agency governed by an independent board of directors from Arizona, California, and Nevada. The Laboratory exists to address the challenges facing the Metropolitan Pacific Southwest as a result of rapidly changing demographics and rapidly increasing numbers of educationally disadvantaged children.

In 1990, the Institute for Educational Leadership (IEL) and the National Commission To Prevent Infant Immortality founded the National Health/Education Consortium, chaired by Florida Gov. Lawton Chiles and business leader William S. Woodside. The consortium, a national group that promotes the linkage of health and education issues, is a collaboration of 57 national professional associations, including:

American Academy of Family Physicians
American Academy of Pediatrics
American Association of Colleges for Teacher Education
American Association of School Administrators
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Dental Association
American Federation of Teachers
American Hospital Association (MCH Section)
American Indian Health Care Association
American Medical Association
American Nurses Association
American Public Health Association
American School Food Service Association
American School Health Association
American Speech-Language-Hearing Association
Association for the Care of Children's Health
Association for Supervision and Curriculum Development
Association of American Medical Colleges
Association of Maternal and Child Health Programs
Association of Schools of Public Health
Association of State & Territorial Dental Directors
Association of State & Territorial Health Officials
Council of Chief State School Officers
Council of Great City Schools
Healthy Mothers, Healthy Babies Coalition
NAACOG-for Obstetric, Gynecologic & Neonatal Nurses
National Alliance of Black School Educators
National Association for Asian & Pacific American Education
National Association for Partners in Education
National Association for the Education of Young Children
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of Elementary School Principals
National Association of Hispanic Nurses
National Assoc. of Pediatric Nurse Associates & Practitioners
National Association of School Nurses
National Association of Secondary School Principals
National Association of Social Workers
National Association of State Boards of Education
National Association of WIC Directors
National Black Nurses Association
National Coalition of Hispanic Health & Human Service Orgs.
National Community Education Association
National Education Association
National Elementary School Center
National Head Start Association
National Indian Education Association
National Medical Association
National Mental Health Association
National Perinatal Association
National PTA
National Rural Health Association
National School Boards Association
National School Public Relations Association
Society for Neuroscience
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